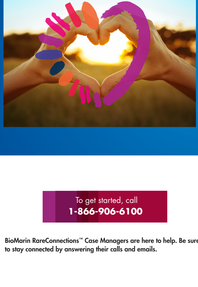


Your guide to health insurance

BioMarin RareConnections™ is dedicated to helping you throughout your treatment journey. An important part of the path is understanding health insurance. So is knowing your options for health plan coverage and financial assistance. This guide will provide some basic information so you can choose the plan that's right for you.

To get started, call
1-866-906-6100

BioMarin RareConnections™ Case Managers are here to help. Be sure to stay connected by answering their calls and emails.

BioMarin Rare Connections™
Uncommon Support for Rare Disease

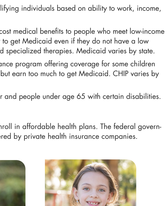
What is health insurance?

Health insurance helps pay for medical expenses, such as doctor visits, tests, surgeries, prescription drugs, emergency services, pediatric care, and a variety of other services.

Why do I need health insurance?

Health insurance can help by:

- Covering the cost of medical care for unexpected health problems and/or accidents
- Protecting your finances from the high costs of medical treatment
- Providing access to a network of doctors and hospitals that work with insurance companies to keep costs lower
- Making it quick and easy to pay and track medical bills
- Encouraging good health
- Providing peace of mind for you and your family



People with health insurance are more likely to visit the doctor regularly, which can help identify health issues before they become emergencies.

My healthcare choices. Where do I start?

There are multiple types of health insurance programs.

Private health insurance

- Private health plans are often provided by an employer or other organization
- Private health plans can also be purchased by individuals

Public health insurance

Federal and state-sponsored health insurance programs are available to qualifying individuals based on ability to work, income, and age. These programs include:

Medicaid: A joint federal and state health insurance program providing low-cost medical benefits to people who meet low-income requirements. People with certain illnesses may apply for a Medicaid waiver to get Medicaid even if they do not have a low income. Medicaid waivers may help provide services like private nursing and specialized therapies. Medicaid varies by state.

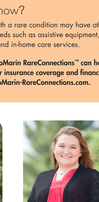
Children's Health Insurance Program (CHIP): A federal and state health insurance program offering coverage for some children up to age 19. CHIP is for some families who cannot afford to buy insurance but earn too much to get Medicaid. CHIP varies by state.

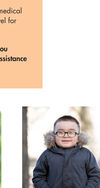
Medicare: A federal health insurance program for people aged 65 and older and people under age 65 with certain disabilities.

Health insurance marketplace

The Marketplace or "exchange" is a service to help people shop for and enroll in affordable health plans. The federal government and some states run the marketplaces, and the plans are typically offered by private health insurance companies.

Questions?
Call BioMarin RareConnections™
1-866-906-6100





A healthcare coverage and cost checklist

Each healthcare plan has different health and prescription benefits and restrictions. Asking the right questions can help ensure that your health needs will be covered and that you understand your payment responsibilities.

- ☑ Check with your health plan or state Medicaid or CHIP program to see what services are covered.
- Does the plan cover your preferred doctors, specialists, emergency care, hospital admissions, and pharmacies?
- Does the plan cover your required prescriptions?
- What prior authorizations, if any, are required?
- Are there limitations that may impact your therapy, such as exclusion of home care services?

- ☑ Be familiar with a health plan's out-of-pocket costs: premiums, co-payments, deductibles, and co-insurance.

Tips to plan for out-of-pocket costs:

- Be aware that starting or renewing a health plan can impact out-of-pocket costs. For example, prescription drugs may cost more at the beginning of the year until your plan's deductible limit is met
- Before changing prescription coverage, call the insurance company and have a representative review your list of medications and how they are covered so you can anticipate costs
- Know if your health plan has limits on out-of-pocket expenses

- ☑ Know the difference between "in-network" and "out-of-network" services and providers and how to avoid added charges.

A healthcare provider who is not in your health plan network is considered out of network. Your plan may not pay for these charges, so you may be responsible for the full payment.

- Before you receive care, ask if the doctor is in your plan's network
- If your doctor advises additional treatment such as a blood test, ask first if the lab is covered as in network
- For every new aspect of care, ask first if it is in network

BioMarin RareConnections™ is ready to help with ongoing support and outreach!

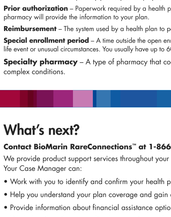
Staying healthy is important for everyone. Especially when you have a rare disease. Be sure to reach out to your Case Manager for help with:

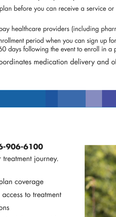
- Questions about anything you read in this brochure
- Researching options and enrolling in the health plan that's best for you
- Navigating your health plan policy and the healthcare system
- Getting access to BioMarin medications

Did you know?

People living with a rare condition may have other medical expenses for needs such as assistive equipment, travel for appointments, and in-home care services.

To learn how BioMarin RareConnections™ can help you understand your insurance coverage and financial assistance options, visit BioMarin-RareConnections.com.





GLOSSARY

Claim – A request for payment that you or your healthcare provider submits to your health plan after you receive a medical service. To qualify for payment, the care or services you receive must be covered by your plan.

COBRA – A program that offers an eligible employee and dependents continued health insurance coverage for a specified period of time if the employee loses his/her job.

Co-insurance – A percentage of a medical service bill that you pay (20%, for example). The health plan pays the remaining percentage.

Co-pay or co-payment – A fixed amount that you pay when you receive medical care or a medication.

Co-pay accumulator – A health plan policy that excludes manufacturer coupons and co-pay program benefits from counting toward a plan's annual deductible.

Deductible – A specific dollar amount you must pay each year before your health plan begins to pay.

Drug formulary – A list of prescription drugs covered by a health plan.

Exclusion or limitation – A pharmaceutical drug or a service that is not covered by your health plan at all or that is only covered at a maximum reimbursable amount.

Exclusive provider organization (EPO) – A type of health plan that combines the flexibility of a PPO with the cost savings of an HMO. It offers a limited network of providers; however, no referrals are required to see a specialist.

Explanation of benefits (EOB) – A report or statement from a health plan that explains details of a claim payment, according to the specific benefits described in your plan.

Fee-for-service – A method in which the healthcare provider is paid for each service performed, for example, an office visit or an X-ray.

Flexible spending account (FSA) – An account, set up through an employer, that lets you deposit money from your paycheck to use for certain medical expenses. You don't pay taxes on this money.

Health maintenance organization (HMO) – A type of health plan that requires your primary care physician to coordinate your care through a network of providers.

Health savings account (HSA) – A type of account you set up with your employer to save money for medical expenses. You don't pay taxes on this money. You must have a high-deductible health plan to be able to contribute to the account, and the funds roll over year to year if you don't use them.

High-deductible health plan (HDHP) – A type of health plan that is often paired with lower premiums but higher out-of-pocket deductible costs.

Independent financial assistance foundation – A charitable organization providing financial assistance for healthcare costs—such as co-pays, insurance premiums, and other related expenses—for eligible patients with specific disease states.

In-network provider – A healthcare provider who is contracted with the health plan to provide services for specific rates.

Open enrollment period – A set period of time (annual or biannual) when you can enroll in a new health plan or make changes to your current plan.

Out-of-network provider – A healthcare provider who is not under contract with your health plan. Your plan typically pays less or nothing for the services you receive from an out-of-network provider.

Out-of-pocket (OOP) – The money paid by you for healthcare costs and not paid back by your health plan.

Out-of-pocket maximum – The most you will have to pay during your health plan policy period (usually 1 year) before your plan covers all the costs.

Preferred provider organization (PPO) – A health plan that contracts with doctors and hospitals to create a network of providers. You are allowed to see out-of-network providers, but you'll pay less if you use participating providers.

Premium – The amount paid by you or your employer, often in monthly or quarterly installments, for health plan coverage.

Prior authorization – Paperwork required by a health plan before you can receive a service or medication. Your healthcare provider and/or pharmacy will provide the information to your plan.

Reimbursement – The system used by a health plan to pay healthcare providers (including pharmacies) for services.

Special enrollment period – A time outside the open enrollment period when you can sign up for or change your health plan due to a qualifying life event or unusual circumstances. You usually have up to 60 days following the event to enroll in a plan.

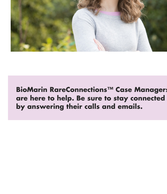
Specialty pharmacy – A type of pharmacy that coordinates medication delivery and offers support services for drugs that treat complex conditions.

What's next?

Contact BioMarin RareConnections™ at 1-866-906-6100

We provide product support services throughout your treatment journey. Your Case Manager can:

- Work with you to identify and confirm your health plan coverage
- Help you understand your plan coverage and gain access to treatment
- Provide information about financial assistance options
- Work directly with a specialty pharmacy to coordinate delivery and/or administration of BioMarin products for your treatment



Connect with advocacy groups

Groups such as the following work on behalf of people with common health interests through research, support, education, and more.

- Global Genes, **globalgenes.org**
- National Organization for Rare Disorders (NORD), **rarediseases.org**
- National PKU Alliance, **npkua.org**
- National MPS Society, **mpssociety.org**
- Batten Disease Support and Research Association, **bdsra.org**

Learn more about your health plan options

- Health Insurance Marketplace, **healthcare.gov**
- Medicare, **medicare.gov**
- Medicaid, **medicaid.gov**
- Children's Health Insurance Program (CHIP), **medicaid.gov/chip**
- Medicaid waivers, **kidswaivers.org**

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